

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)				Complete if Known	
				Application Number	
				Filing Date	
				First Named Inventor	
				Group Art Unit	
Examiner Name					
Sheet	1	of	1	Attorney Docket Number	
AM100615					

U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No.	U.S. Patent Document		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number (If known)	Kind Code (If Known)			
CA	1.	6107304		J. I. Luengo	08-22-2000	
CA	2.	4560689		N. Yokoyama	12-24-1985	
CA	3.	4814450		N. Yokoyama	03-21-1989	

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No.	Foreign Patent Document			Name of Patentee or Applicant of Cited document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T
		Office	Number	Kind Code (If Known)				
	4.							<input type="checkbox"/>

OTHER PRIOR ART — NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.) date, page(s), volume-issue number(s), publisher, city and/or country where published.	T
	5.		<input type="checkbox"/>

Examiner Signature	AWLAKH	Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.